

South Carolina
PUBLIC EMPLOYEE BENEFIT AUTHORITY

PEBA

2014
Benefits
@
Work
Conference

Insurance Updates

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Operational Updates

Jason Simpson and Sabrina Freeman

2014 Benefits at Work Conference

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What Happens at PEBA?

<p>Mail arrives from USPS or other carrier</p> <ul style="list-style-type: none"> Opened, sorted, scanned and indexed to workflow <ul style="list-style-type: none"> 615,971 pages scanned in FY 13-14. Processors <ul style="list-style-type: none"> 123,916 transactions processed in FY 13-14. 	<ul style="list-style-type: none"> Retiree, COBRA, and Survivor Eligibility <ul style="list-style-type: none"> 17,904 determinations in FY 13-14. Requests for Review <ul style="list-style-type: none"> 2,248 reviews processed Jan. '14-June '14. Rejections <ul style="list-style-type: none"> 5,087 rejections were "cleared" (processed) Jan. '14-June '14.
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PEBA Resources Available to You

- **Insurance Benefits Training (IBT)**
- **Publications**
 - *Benefits Administrator Manual, Insurance Benefits Guide (IBG), and the Insurance Advantage newsletter*
- **Website (www.eip.sc.gov) and EBS**
- **PEBA Update**
- **Call Center**

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October Enrollment

- **Enrollment Options**
 - Enroll in, change or cancel health coverage (can also add or drop dependents)
 - Enroll in or cancel vision (can also add or drop dependents)
 - Enroll in or increase Optional Life by \$50,000 without medical evidence (or cancel or decrease coverage)
 - Enroll or re-enroll in MoneyPlus spending accounts
 - **No changes can be made to Dental/Dental Plus**

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October Enrollment

- **Important deadlines**
 - EBS will open for BAs on Sept. 15
 - MyBenefits will be open to subscribers on Oct. 1 and close Oct. 31
 - All transactions on the BA Console must be approved by Nov. 15
 - All supporting documentation must be mailed to PEBA and postmarked by Nov. 15

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October Enrollment

Please remember to update
SLTD salary info!

EBS will open on Sept. 15
Complete by Oct. 31

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SLTD Salary Updates



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Operational Updates

What's New in 2015?

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Good News For Your Employees!



Employee Premiums will NOT increase for the 3rd straight year!

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What's New in 2015?

SHP Standard Plan Deductibles and Coinsurance

	2014	2015
Annual Deductible	\$420 Individual \$840 Family	\$450 Individual \$900 Family
In-Network Coinsurance Maximum	\$2,400 Individual \$4,800 Family	\$2,600 Individual \$5,200 Family
Out-of-Network Coinsurance Maximum	\$4,800 Individual \$9,600 Family	\$5,200 Individual \$10,400 Family

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What's New in 2015?

SHP Standard Plan Copayments

	2014	2015
Office Visit	\$12	\$13
Outpatient Facility Services	\$90	\$97
Emergency Room	\$150	\$160

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What's New in 2015?

SHP Standard Plan Prescription Copayments

31-Day Supply	2014	2015
Tier 1 – Generic	\$9	\$9
Tier 2 - Preferred	\$36	\$39
Tier 3 – Non-Preferred	\$60	\$65

Copay maximum per person \$2,500

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What's New in 2015?

SHP Standard Plan Prescription Copayments

90-Day Supply	2014	2015
Tier 1 – Generic	\$22	\$22
Tier 2 - Preferred	\$90	\$98
Tier 3 – Non-Preferred	\$150	\$163

Copay maximum per person \$2,500

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What's New in 2015?

- **BlueChoice HealthPlan no longer available**
 - Subscriber prompted to elect another plan when he logs into MyBenefits
 - If subscriber does not choose another plan during October, automatically switched to SHP Standard Plan
 - Letters mailed to BlueChoice subscribers mid-September
 - All NOEs will be updated

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What's New in 2015?

- **Affordable Care Act (ACA) Variable/Full-time Nonpermanent employees**
 - These employees will only be eligible to enroll in health, dental, vision, pretax premiums, and HSA
 - Part-time NOE and employee designation in EBS
 - A spouse eligible for coverage as employee not allowed to remain covered as dependent of PEBA subscriber
 - A child eligible for coverage as employee can remain on parent's coverage until age 26

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Affordable Care Act

Account Name: CHARLES F WILSON | Log Out
Group ID: F500000

Employee Benefits Services

Home | Enroll Data | Dependents | Coverage | Beneficiaries | Review

Enroll Data

SSN: 999-55-5555

* Status: ☐ Variable Hourly ☐ Open Enrollment with a January 1st Effective Date.

Select One: ☐ Full Time Part ☐ Full Time Non-Perm

Name Last: _____ First: _____ MI.: _____ Suffix: _____

Street 1: _____ City: _____ State: South Carolina Zip: _____

Country: United States

Birth Date: (mm-dd-yyyy) *Gender: *Marital Status:

Phone: _____ Work: _____ Fax: _____

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Affordable Care Act

PART-TIME NOTICE OF ELECTION (NOE)

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BA Use Only: ☐ BA Use Only ☐ BA Use Only

Welfare Plan: ☐ Welfare Plan ☐ Welfare Plan

Health Plan: ☐ Health Plan ☐ Health Plan

Dental Plan: ☐ Dental Plan ☐ Dental Plan

Vision Plan: ☐ Vision Plan ☐ Vision Plan

Life Insurance: ☐ Life Insurance ☐ Life Insurance

Disability Insurance: ☐ Disability Insurance ☐ Disability Insurance

Health Savings Account (HSA): ☐ HSA ☐ HSA

Flexible Spending Account (FSA): ☐ FSA ☐ FSA

Dependent Care: ☐ Dependent Care ☐ Dependent Care

Child Support: ☐ Child Support ☐ Child Support

Spouse: ☐ Spouse ☐ Spouse

Child: ☐ Child ☐ Child

Parent: ☐ Parent ☐ Parent

Grandchild: ☐ Grandchild ☐ Grandchild

Other: ☐ Other ☐ Other

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What's New in 2015?

- Vision and Life Contracts**
 - PEBA is evaluating bids for two contracts
 - Details on PEBA Insurance Benefits website and *PEBA Update* as finalized

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EBS Enhancements

- EBS will be enhanced in an effort to help make your job easier by requiring less paperwork to be sent in for processing.**
- Once you have a completed transaction, a single page, a barcode page, and any required documentation can be sent to PEBA to be released**

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EBS Enhancements

SIGNATURE PAGE for TOM SLOAN

SIN: 99952222

Effective Date: Aug 01, 2014

Transaction ID: 225411072

Change Reason: ENROLL

Group ID: F900000

COVERAGE INFORMATION	PREVIOUS VALUE	NEW VALUE	PREMIUM
Health		STANDARD PLAN	\$7.68
		ENROLLER	
Dental		STATE DENTAL PLAN	0.00
		ENROLLER	
Dental Plus		NO	0.00
Vision		STATE VISION PLAN	7.94
		ENROLLER	
Optional Life		REFUNDED	0.00
Dependent Life Spouse		REFUNDED	0.00
Dependent Life Child		REFUNDED	0.00
SLTD		REFUNDED	0.00
Tobacco Premium		NO	0.00
PROVIDER/PREPAID FEATURE (MAXIMUM)		YES	
TOTAL			155.62

I have reviewed and approve all summary of enrollment changes related to this transaction.

Employee's Signature: _____

Date: _____

BA Signature: _____

Date: _____

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Update Your Contacts Via EBS

Employee Benefits Services

Home

MANAGE SUBSCRIBERS

INQUIRY

MANAGE

MANAGE GROUPS

Enrollment

Enroll, Reports

Arch. Reports

CONTACTS

SA RESOURCES

PEBA Ins. Home

Download Forms

Carrier Links

STAT

Unenroll Inquiry

Unenroll Home

Statistics

Contact Us

Change Password

Group ID: F500008 - South Carolina Public Employee Benefit Authority

Employer Contacts

Maintained by the Employer

ALPHA BETTY CAL	Billing Contact	
ORGANIZER	Executive Contact	Primary
ASB.COM	Wellness Coordinator	
(803) 555-1234		
TEST CONTACT	Billing Contact	
DEWEY.KING@PEBA.SC.GOV		
(803) 555-1234		
PRIMARY FOLLOWUP	Benefits Administrator	
ASB.COM		
(803) 555-1234		
SHARON HAMMOND	Benefits Administrator	Primary
HUMAN RESOURCE MANAGER	Billing Contact	Primary
SHARON.H@PEBA.SC.GOV	Wellness Coordinator	Primary
(803) 737-4933		
ONE PRIMARY	Benefits Administrator	
ASB.COM		
(803) 555-1234		
TEST TWO	Executive Contact	
DEWEY.KING@PEBA.SC.GOV		
(803) 734-3076		

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Update Your Contacts Via EBS

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Unenroll Home

Statistics

Contact Us

Change Password

Contact Maintenance

*Full Name:

Job Title:

*Phone: () - Ext:

Fax: () -

*Email:

*Address:
 -

Comment:

Contact Types

Department	Primary
<input type="checkbox"/> Benefits Administrator	<input type="checkbox"/>
<input checked="" type="checkbox"/> Billing Contact	<input type="checkbox"/>
<input checked="" type="checkbox"/> Executive Contact	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Wellness Coordinator	<input type="checkbox"/>

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Operational Updates

New Hires and Other Changes

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New Hires

- **New hire NOE or Active Benefits Refusal form should be sent in for each employee in a benefits-eligible position, even if he is refusing all coverage.**
 - This will help in a Special Eligibility Situation when your employee would like to make changes.

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New Hires and Other Changes

- **Please encourage your new hires and anyone making changes to VERIFY coverage BEFORE making doctor appointments or going to pick up a prescription, etc.**
 - Received card or review MyBenefits.
- **Defining “Medical Emergencies”**

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Requests for Review

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Requests for Review

- A Request for Review should be sent with details of WHAT happened, along with what is requested-- including all necessary paperwork and documentation. If coverage is reinstated, the subscriber will have to pay all back premiums back to the date coverage was requested.
- If a Request for Review is denied, the next step is for the subscriber to submit an Appeal.
- If an Appeal is denied, the subscriber has the option to seek judicial review.

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Operational Updates

Questions?
Suggestions?

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National Medical Support Notices

Patrick Harvin

2014 Benefits at Work Conference

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National Medical Support Notices

What is an NMSN?

- Legal notice provided to employers and plan administrators to enroll dependent children in employer-sponsored health plans
- Employee identified on the NMSN is obligated by a court or an administrative child support order to provide health coverage for the child identified on the notice

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National Medical Support Notices



Who issues an NMSN?

- State child support agencies send an NMSN to employers to help ensure that children receive health coverage when it is available and required as part of a child support order

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National Medical Support Notices

What is included in the NMSN?

- Part A – “Employer Response” – this section should be completed by the employer and returned to the issuing agency
 - Employer may also choose to complete and send entire document to PEBA – we will forward Part A to issuing agency with Section B
- Part B – “Plan Administrator Response” – this section should be mailed to PEBA

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National Medical Support Notices




Compliance

- Employers and plan administrators who fail to comply with an NMSN in a timely manner may be subject to court action by either the custodial parent of the child or the state that issued the NMSN

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National Medical Support Notices



Upon Receipt of an NMSN

- NMSNs are time sensitive – employers must complete and return Part A and forward Part B to PEBA promptly
- NMSNs should be sent to:

PEBA
Attention: NMSN Coordinator
PO Box 11661
Columbia, SC 29211

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National Medical Support Notices

What does the NMSN Coordinator do?

- Reviews the order to determine the coverage in which the child should be enrolled
- Facilitates enrollment of the child
 - Documents the contact log, adds authorized representative on file for child, completes special NMSN NOE to enroll the child, notifies custodial parent of benefits
- Communicates with child support agencies, employers and non-custodial parents
- Provides monthly file to third-party administrator of NMSN children

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Determining Coverage for Child

- Coverage determined based on withholding limitations indicated in NMSN and coverage ordered in notice
- If employee is eligible for coverage, employee cannot refuse to cover child
- Only NMSN required to enroll child (no other documentation needed)

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National Medical Support Notices

Confidentiality

- For the safety of the child and the custodial parent, information contained on an NMSN is not to be shared with the non-custodial parent (subscriber)
- This includes:
 - Name, address and other contact information for the custodial parent
 - Address, SSN and other contact information for the child

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To Ensure Confidentiality

- All questions related to NMSN orders should be referred to PEBA's NMSN coordinator
- NMSN coordinator will assist employers and custodial parents and refer non-custodial parent to appropriate issuing agency

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National Medical Support Notices



Other Access Points

- PEBA seeks to ensure that information for a child covered by an NMSN is not visible to the non-custodial parent through online tools or mailings
 - Coordinate with PEBA's third-party claims administrators to protect information
 - Restrict access to MyBenefits – subscriber referred to BA for assistance
 - Ensures cards are mailed to the custodial parent

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What Can I Tell the Custodial Parent?

- Refer to the authorized representative screen (F2) in Unix to ensure parent is authorized to receive information about the child
 - May provide information about the child's eligibility, coverage and claims
- If parent is not listed as an authorized representative, do not disclose any information about the child to the parent
- If unsure, refer to NMSN coordinator

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What Can I Tell the Subscriber?

- Employers can provide the name of the issuing agency and the contact information for that agency, along with the case number
- PEBA Call Center – refer subscribers to NMSN coordinator for assistance

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Removing the Child from Coverage

- Subscriber cannot make any changes to coverage in which the child is enrolled
- Child is covered until PEBA receives notification from issuing agency to remove the child or until employee is no longer eligible for coverage

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National Medical Support Notices

Final Reminders

- PEBA is required by federal law to comply with NSMNs
- Confidentiality is critical
- Replacement cards for NMSN children can be requested through PEBA's NMSN coordinator
- When in doubt, refer inquiries related to NMSN to PEBA's NMSN coordinator

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REMEMBER THE 3 Ps

- (1) PROTECT
- (2) PROCESS
- (3) PRESERVE

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National Medical Support Notices

PEBA's NMSN Coordinator

- Patrick Harvin
- 803-734-3577
- pharvin@peba.sc.gov

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Prevention Partners

Program Overview

Diane P. Conte, MSPH

2014 Benefits at Work Conference

Help
For Your
Health

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NEW Integrated Health Management Supporting Quality Management

- The process that enables providers, employers and consumers to work more efficiently and effectively together to stabilize health care costs and improve organizational and individual health and productivity

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Prevention Partners A Comprehensive Health Strategy

- Manage the demand for health care
- Promote the efficient use of health care benefits and services
- Monitor preventable health care utilization and costs
- Create cost effective health promotion and chronic disease programs

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Utilization Demand Management

- Use decision and self-management support systems to enable and encourage consumers to make appropriate use of medical care and to:
 - Improve health
 - Eliminate unnecessary demand
 - Improve the quality of health care

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Sources of Patient Demand/ Prevention Partners Strategies

• Morbidity	• Lifestyle
• Reduce Risk Factors	• Immunization
• Increase Self-management Skills	• Safety
• Increase Patient/Doctor Communication	• Screening
	• Chronic Disease Education
	• Consumer Education
	• Health Education

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Disease Management Objectives

- **Increase:**
 - Knowledge of self-management skills
 - Continuity of care
- **Decrease:**
 - Hospitalizations
 - Lengths of stay
 - Emergency room visits
 - Complications from chronic diseases

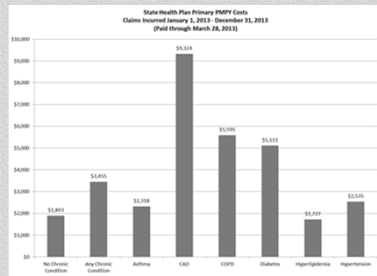
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Monitoring Health Trends and Risk Factors

- Identify trends in employee health status
- Analyze preventable claims by number of claims submitted, cost per claim and claims by diagnosis
- Develop cost-management goals
- Develop cost-control programs
- Develop cost-containment strategies

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Managing Utilization Means Managing Disease



Total spent per member per year for chronic conditions is based on medical claims that had a diagnosis of the chronic condition or a drug claim that had a therapeutic code specific to the chronic condition.

Condition	Cost (\$)
No Chronic Condition	\$1,893
Any Chronic Condition	\$3,455
Asthma	\$2,398
CAD	\$9,324
CHD	\$5,596
Diabetes	\$5,515
Hypertension	\$2,727
Hypertension	\$3,529

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Prevention Partners Programs

- Weight Management
- Preventive Workplace Screening
- Diabetes
- Hypertension
- Health Promotion
- Wellness Walk

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Preventive Workplace Screening

- Health risk appraisal
 - Family history, lifestyle information, current health status
- Blood pressure
- Height and weight
- Lipid profile
 - Total cholesterol, HDL, LDL
 - Triglycerides
- Chemistry profile
 - BUN, creatine, glucose, electrolytes
- Hemogram
 - Red and white blood cells, hemoglobin, hematocrit

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Chronic Disease Workshops

- Three-hour patient-oriented format
- Self-management skill development
- Participants are identified through claims data
- Registration forms are confidential and mailed directly to patient's home

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Health Promotion

- The social marketing of ideas, attitudes and beliefs that can improve the quality of life for public employees and their families
- Encourage worksite policy guidelines and management strategies that promote and enhance health and productivity

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Health Promotion Lifestyle Change Programs

- Every Step Counts Pedometer Walking Program
- Back on Track: Pain and Prevention Program
- Tension Tamers: Stress Management Program
- Prevention Partners Weight Management
- Healthy Eating Fast Food Guide
- Self-Care Manuals

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Health Promotion Worksite Incentive Programs

- The Challenge
 - Holistic competition in all areas of health and well-being
- Fall Into Fitness
 - A team or individual approach to increasing activity
- The Great Weight Maintenance Marathon
 - Team competition to stay at the same weight from Thanksgiving to New Year's Day

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Health Promotion Education, Events and Seminars

- Health Bulletins
- Calendar of National Health Observances
- Training Workshops
- Regional Activities – Wellness Wednesdays
- Social Media Wellness Wednesday Posts

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This presentation is meant to serve as a guide but does not constitute a binding representation of the South Carolina Public Employee Benefit Authority. Title 9 of the South Carolina Code of Laws contains a complete description of the retirement benefits, their terms and conditions, and governs all retirement benefits offered by the state. State statutes are subject to change by the General Assembly.

Employers covered by the South Carolina Public Employee Benefit Authority are not agents of the South Carolina Public Employee Benefit Authority.

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